

REC'D MAR 21 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

74
1. PLACE OF DEATH
County Madison Registration District No. 620
Township Superior Primary Registration District No. 5822 File No. 7363
City St. Louis (No. _____) Registered No. _____ Ward _____

623
2. FULL NAME Mary Magdalena Broscheid
(a) Residence, No. _____ St., _____ Ward. _____
(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter Broscheid

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-27-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 5 28

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clyde, Mo.

FATHER
13. NAME John Stathmar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg, Ia.

MOTHER
15. MAIDEN NAME Anna Richard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Ill.

17. INFORMANT Miss Anna Broscheid
(ADDRESS) Clyde, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Conception Cemetery DATE _____ 19 _____

19. UNDERTAKER Indelco & Cummings
(ADDRESS) _____

20. FILED Mar 1, 1939 J. M. Boyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-30, 1933, to 2-25, 1939
I last saw her alive on 2-24, 1939 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Arterio sclerosis (General) Date of onset _____
99
Other contributory causes of importance:
Hypertension

Name of operation none Date of _____
What test confirmed diagnosis? Climed Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. M. Boyle, M. D.
Conception quest (Address) _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 11,
District File Number 39-21
Date Filed MAR 9 1939